

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:55

1. DOCUMENT # L00000014462

Name and Mailing Address

0009970 01 AT 0.292 \*\*AUTO T6 0 0615 33733-367272



SILICON2, LLC  
PO BOX 13672  
SAINT PETERSBURG FL 33733-3672



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/17/2000	
Principal Place of Business 145 22ND AVENUE SOUTHEAST ST. PETERSBURG FL 33705	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3682256	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MCKINNEY, ISAAC WILLIAM III 145 22ND AVENUE SOUTHEAST ST. PETERSBURG FL 33705	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025869123 12/31/03-01012-007 **150-00 City FL zip code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12-28-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCKINNEY, ISAAC W III	P.O BOX 13672	ST. PETERSBURG FL 33733

REINSTATEMENT

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dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date

12/28/03

Daytime Phone #

727-642-6407

Typed or printed name of signing Managing Member/Manager